

H.R. 1709- Prevention First Act

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This bill would expand access to preventive health care services and education programs to help protect women's reproductive health, reduce unintended pregnancies, prevent the spread of sexually transmitted diseases (STDs), and provide women with the tools they need to make the best decisions possible for themselves.

WHY WE NEED THIS LEGISLATION

The U.S. has one of the highest rates of unintended pregnancies among industrialized nations. Each year 3 million pregnancies, or 50 percent of all pregnancies, in the United States are unintended with half of unintended pregnancies ending in abortion. The likelihood of pregnancy is high if contraception is not used. In fact, 53 percent of all unintended pregnancies stem from just 7 percent of American women at risk for unintended pregnancy who do not use contraception.

For most women, including women who want to have children, contraception is not an option; it is a basic health care necessity. In 2000, 34 million women - half of all women of reproductive age (15-44 years) - were in need of contraceptive services and supplies to help prevent unintended pregnancy, and half of those were in need of public support for such care. Increasing access to family planning services and education will improve women's health and reduce rates of unintended pregnancy, abortion, and infection with STDs. Furthermore, contraceptive use saves scarce public health dollars. For every \$1 spent on providing family planning services, an estimated \$3 is saved in Medicaid expenditures for pregnancy-related and newborn care.

Many poor and low-income women cannot afford to purchase contraceptive services and supplies on their own. About 1 in 5 women of reproductive age were uninsured in 2003, and that proportion has increased by 10 percent since 2001. Half of all women who are sexually active, but do not want to get pregnant, need publicly funded services to help them access public health programs like Medicaid and Title X, the national family planning program. These programs provide high-quality family planning services and other preventive health care to underinsured or uninsured individuals who may otherwise lack access to health care and alternative options for birth control. Each year, publicly funded family planning services help women to prevent an estimated 1.3 million unplanned pregnancies and 630,000 abortions. Yet these programs are struggling to meet the growing demand for subsidized family planning services without corresponding increases in funding.

Contraception improves the health of women and children by enabling women to plan and space their births. Women with unintended pregnancies are less likely to obtain timely or adequate prenatal care, and a child born from an unintended pregnancy is at greater risk of low birth weight, dying in the first year of life, being abused, and not receiving sufficient resources for healthy development. Ninety-eight percent of women ages 15-44 who have ever had sex, have used at least one contraceptive method. Contraceptives have a proven track record of enhancing the health of women and children, preventing unintended pregnancy, and reducing the need for abortion. Yet, far too many insurance policies exclude this vital coverage. While most employment-related insurance policies in the United States cover prescription drugs in general, the many do not include equitable coverage for prescription contraceptive drugs and devices. Although 21 states now have laws in place requiring insurers to provide contraceptive coverage if they cover other prescription drugs, 29 states still do not have any laws. Out of pocket expenses for contraception can be costly. Women of reproductive age currently spend 68 percent more in out-of-pocket health care costs than men, much of which is due to reproductive health-related supplies and services.

Improved access to emergency contraception (EC) can further reduce the staggering rates of unintended pregnancy and abortion in this country. EC prevents pregnancy after unprotected sex or a contraceptive failure. The Alan Guttmacher Institute estimates that increased use of EC accounted for up to 43 percent of the total decline in abortion rates between 1994 and 2000. In addition, EC is often the only contraceptive option for the 300,000 women who are raped each year. Unfortunately, many women do not know about EC and many face insurmountable barriers in accessing this important product.

The U.S. has one of the highest rates of STDs among industrialized nations. In 2003, there were approximately 19 million new cases of sexually transmitted diseases (STDs) and the Center for Disease Control now reports that approximately 2.2 percent of Americans ages 14 to 39 have chlamydia. Treatment for these STD infections costs the United States \$15.5 billion each year. Nearly half of new STD cases are among people ages 15-24, even though these youth make up only a quarter of the sexually active population.

Teens face additional barriers regarding access to services and information. Sixty percent of teens have sex before graduating high school. In addition, the average age of marriage in the United States is 26, but 9 out of 10 individuals are sexually active prior to marriage. Efforts by conservatives to restrict access to family planning services and promote abstinence-only education programs that are prohibited from discussing the benefits of contraception, actually jeopardize adolescent health and run counter to the views of many mainstream medical groups. Abstinence-unless-married education programs do not address the reality of people's lives.

One in three girls becomes pregnant before the age of 20, and 80 percent of these pregnancies are unintended. Teen mothers are less likely to complete high school. Furthermore, children of teenage mothers have lower birth weights, are more likely to perform poorly in school, and are at greater risk of abuse and neglect. Teens have the most to lose when faced with an unintended pregnancy or an STD infection and the most to gain from avoiding it. Improving access to contraceptive services and information does not cause non-sexually active teens to start having sex. Instead, teens need information to help them both postpone sexual activity and to protect themselves, if they become sexually active.

Reducing unintended pregnancy and infection with STDs are important public health goals. The Centers for Disease Control and Prevention included family planning in their published list of the "Ten Great Public Health Achievements in the 20th Century." Improving access to family planning services for all women in need will go a long way in fulfilling the promise of this important public health achievement.

WHAT THE PREVENTION FIRST ACT WOULD DO

The "Prevention First Act" is an omnibus family planning and women's health initiative that seeks to expand access to preventive reproductive health care services and education programs, help reduce unintended pregnancies, prevent the spread of STDs, and reduce the need for abortion. The Prevention First Act combines seven bills into one complete legislative package that will increase access to contraception and family planning services.

The bill contains provisions that will:

- Increase funding for the national family planning program, Title X of the Public Health Service Act;
- Give states the option of expanding access to Medicaid family planning services,
- Require health plans to cover prescription contraceptives if they cover other drugs and devices;
- Provide funding for an emergency contraception (EC) public education program;
- Require emergency rooms to provide information about and access to EC for victims of sexual assault; and
- Provide federal funding for teenage pregnancy prevention programs
- Require that programs to provide information is medically accurate and includes health benefits and failure rates for contraceptives.